

EXECUTIVE COUNCIL OF IOWA

AGENDA

APRIL 2, 2012

1. Introduction of Attendees
2. Approval of minutes of meeting held March 26, 2012
3. Payment of Cost Items – Page 1
4. Renewal Memberships – Page 1
TAB # 1

3. Payment of Cost Items

- A. Department of Public Safety, Iowa State Patrol.....\$1,459.06
On September 3, 2011, hail and lightning damaged Vehicle #170 and the District 12 office phone system. Request is to cover repair costs.

The State Auditor's Office has reviewed this request and recommends payment.

- B. Department of Administrative Services, GSE..... \$12,957.60
On May 26, 2009, there was a chiller pipe break/leak in the southwest corner of the Capitol Building. Request is to cover repair costs.

The State Auditor's Office has reviewed this request and recommends payment. This represents full and final payment; \$302.94 will be reverted and this allocation closed.

4. Renewal Memberships

- A. Health in National Rural Recruitment and Retention Network (3RNet) in the amount of \$3,000.00 for July 1, 2011 - June 30, 2012. (Previous amount was \$3,000.00.) Other agencies: No: Funding Source: Federal Funds
TAB # 1

Executive Council of Iowa

Capitol Building
Des Moines, Iowa 50319
Phone: 515 281-5368
FAX: 515 281-7562

REQUEST FOR MEMBERSHIP APPROVAL

DEPARTMENT REQUESTING MEMBERSHIP: Public Health, Bureau of Oral and Health Delivery Systems _____

NAME OF ORGANIZATION: National Rural Recruitment and Retention Network (3RNet) _____

NEW MEMBERSHIP _____ **RENEWAL** ☒ **MEMBERSHIP PERIOD:** 07/01/2011-06/30/2012 _____
(Beginning and ending dates)

MEMBERSHIP FEE OR DUES AMOUNT \$ 3,000 _____

Funding Source: State General Fund ☐ Other State Funds ☐ _____

Federal Funds ☒ **Other Funds** ☐ 0153-0912 _____

If Renewal, previous year amount. \$ 3,000 _____

DO OTHER DEPARTMENTS BELONG TO THIS ORGANIZATION? ☐ Yes ☒ No

If yes, please list: _____

Please describe why your department should have an additional membership _____

WILL THIS MEMBERSHIP REQUIRE AND PAY FOR OUT-OF-STATE TRAVEL? ☐ Yes ☒ No

If yes, list the anticipated number of trips per year and their purpose: _____

DESCRIBE WHY THIS MEMBERSHIP IS IMPORTANT TO THE WORK OF YOUR DEPARTMENT.

This membership provides a service to Iowa's rural communities at no cost, enabling them to have a venue to recruit health care providers. With the membership, the Department acts as 'host' of the Network, assisting communities in recruiting and assisting health professionals interested in working in rural areas. Please see attached for additional information. _____

DESCRIBE HOW MEMBERSHIP IN THIS ORGANIZATION WILL BENEFIT THE TAXPAYERS OF THE STATE OF IOWA.

All Iowans need access to a stable and well-qualified health care workforce. Recruiting health care professionals in rural parts of the state is particularly challenging. 3R Net supports the efforts of rural communities to promote living and working in Iowa and ensure Iowans will have access to the services they need. _____

DESCRIBE THE FREQUENCY AND TYPE OF CONTACTS YOU EXPECT YOUR DEPARTMENT TO HAVE WITH THIS ORGANIZATION:

A minimum of one contact per day, or as necessary to coordinate recruitment activities. Health care professionals and providers/employers have access to the website 24/7. _____

Requested by M. Mariamante
(Department Head Signature)

Date: 3/21/2012

Phone: 641-6 515-281-8474

DOM: Approval ☒ Disapproval ☐

Signature David Pedraza

Date 3/24/12

Membership Form 42400

Executive Council - Please route correspondence related to this request to the attention of Marcia Spangles

July 2009